



RISK CONTROL AND INSURANCE

Carlotti Administration Building, 75 Lower College Road, Kingston, RI 02881 USA p: 401.874.2591 url.eduiriskmanagement

Pamela Hallagan Manager

RELEASE OF EQUIPMENT LIABILITY WAIVER

I, do he	ereby understand that I will be h	neld responsible for any and all costs	and
fees that may arise due to intentional	or non-intentional damage, th	neft, loss, mysterious disappearance	∍, or
misuse of the equipment that belongs	to the University of Rhode Islar	nd. I understand that I am authorize	ed to
use the listed equipment below from _	, 20 until	, 20	
Listed Equipment:			-
By his/her signature below, the named	l individual voluntarily agrees t	to assume and/or incurs all risks of	.· loss,
impairment, damage or injury of wha	tever kind, including death, th	at may be sustained or suffered by	, the
authorized use of the equipment whether	er or not the result in whole or in	n part of acts or omissions, negligen	ce or
other unintentional fault of the Universi	ity of Rhode Island. In addition	, the named individual (including his	s/her
heirs, assigns and personal representati	ives) agrees to release, hold ha	rmless, and indemnify the Universit	ty of
Rhode Island from and against any cla	aims, demands, actions, causes	of action, lawsuits, expenses, or lo	sses
(including attorneys' fees) on account of		•	
attributable to the individual's use of th			
University of Rhode Island and all of i	•		
students, volunteers, employees, adviso		nanagere, ver vanue, agenie, raeerey, e	,
The undersigned acknowledges that he	/she has read and understands the	his document.	
Executed as of this	day of	20	
Name:			
Address:			_
Signature:			
Department Head Signature:		Date:	

This form must be signed and returned to an authorized URI representative BEFORE any equipment loan can be granted.